

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000098128

**Entity Name:** MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES,  
P.A.**FILED**  
**Apr 11, 2021**  
**Secretary of State**  
**8383039309CC****Current Principal Place of Business:**150 SE 17TH ST.  
#503  
OCALA, FL 34471**Current Mailing Address:**150 SE 17TH ST.  
#503  
OCALA, FL 34471 US**FEI Number: 59-3543180****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOODING, W. JAMES III  
1531 SE 36 AVENUE  
OCALA, FL 34471 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: W. JAMES GOODING III****04/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	MGR	Title	MGR
Name	ROBERTIE, PAUL GM.D.	Name	PALMIRE, VINCENT CM.D.
Address	150 SE 17TH ST. #503	Address	150 SE 17TH ST. #503
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	MGR	Title	MGR
Name	REED, CHRISTOPHER	Name	DEPUTAT, MIKHAIL M.D.
Address	150 SE 17TH ST. #503	Address	150 SE 17TH ST. #503
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: VINCENT PALMIRE****PRESIDENT****04/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date